Oncology BRCA request form

Patient details (affix patient's addressograph label or print)		
Forename:	Surname:	Date of Birth:
Address:		NHS No.:
		Sex: M / F

Referrer's details (All reports will be emailed *and* posted to the Consultant. Please indicate below if any further copies are required by email. Reports for tumour samples will also be uploaded to the Welsh Clinical Portal)

Name	Position	Hospital	Email address
			@wales.nhs.uk
			@wales.nhs.uk
			@wales.nhs.uk

Reason for referral

☐ **Newly diagnosed, advanced (FIGO stage III and IV),** high-grade, non-mucinous ovarian-type cancer. *Parallel blood and tumour testing available.*
Tumour test required: ☐ Myriad HRD test (tumour BRCA & genomic instability). Consent **required**, see below*
☐ tumour BRCA only

☐ **Relapsed, advanced (FIGO stage III and IV),** high-grade, non-mucinous ovarian-type cancer. *Parallel blood and tumour BRCA testing available*

☐ **Early stage (FIGO stage I and II),** high-grade, non-mucinous ovarian-type cancer. *Blood test only available.*

☐ **Triple negative breast cancer**, diagnosed at less than 60 years old. *Blood test only available.*

Other personal and/or family history of breast and/or ovarian cancer: ☐ Yes / ☐ No
Details (if yes):

Consent for HRD testing (*required)

The homologous recombination deficiency (HRD) testing service is being offered as a Package Deal in accordance with clause 18.1 of the Association of the British Pharmaceutical Industry's Code of Practice. The provision of this service is funded by global co-promotion agreement between AstraZeneca & MSD. The service is delivered in accordance with arrangements agreed with NHS England and NHS Improvement and facilitated by NHS Genomic Laboratory Hubs. The test is performed by Myriad Genetics Inc. in the USA.

Consent statement: *I hereby authorise testing and confirm that informed consent has been obtained from the patient for tissue to be sent to Myriad for analysis. I confirm that this test is medically necessary and results will be used in the medical management and treatment decisions for the patient.*

Print name:	Signature	Date

Sample requirements (tick one box below to indicate sample type sent)

☐ For testing of a **blood sample,** forward this form accompanied by 5ml blood in EDTA to:
All Wales Genomics Laboratory, Institute of Medical Genetics, UHW, Cardiff CF14 4XW

☐ For testing of a **tumour sample**, forward this form to the relevant histopathology department.

This section is to be completed by histopathology for tumour requests:

Pathologist:	Pathology hospital:	Block no.

Please send the following, with this completed form, to the All Wales Genomics Laboratory (address above) • 10 x 5 micron air dried sections mounted on slides • 1 x 5 micron H&E stained slide with tumour area highlighted • Copy of histopathology report	Approximate % tumour nuclei in highlighted area: %

Please note, an optimal neoplastic content of >20% is required. Testing of samples with lower tumour content will usually be attempted although there is an increased risk of failure.

For internal All Wales Genomics Laboratory duty scientist use			**Section: Familial cancer - login**
No. of slides		No. of sections	____ x ____ µm	H&E provided ☐
☐ Tumour (HRD)	**DO NOT EXTRACT,** assign 90,000 number, place in Myriad box		DS initials and date
☐ Tumour (not HRD)	Assign DNA number, send to FFPE extraction		
☐ Blood	Assign DNA number, send to main extraction EDTA __ x __ ml / Other:_____		